

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

Wilbert Johnson

December 9, 1987

#562071 #3100172

DRCF

2020 Toulson Rd.

Jessup, MD. 20794

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

Stacie Mast^R; Holly

Pierce; Krista Bilak^{NP}

14100 Mc Mullen Hwy., S.W.

Cumberland, MD. 21502

Wexford Health Services;

501 Holiday Dr., Foster Plaza Four *

(Full name and address of respondent) Pittsburgh, PA 15220

Defendant(s).

Case No.:

(Leave blank. To be filled in by Court.)

by
MAR 05 2021

CLERK, U.S. DISTRICT COURT
AT BALTIMORE,
DISTRICT OF MARYLAND

DEPUTY

COMPLAINT

I. Previous Lawsuits

A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES NO

B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: Wilbert Johnson

Defendant(s): Stacie Mast^R; Holly Pierce^{NP}; Krista Bilak^{RNP}

2. Court (if a federal court name the district; if a state court name the city or county):

Circuit Court For Allegany County, MD.

3. Case No.: C-01-CV-19-000141
Feb. 22,

4. Date filed: 2019

5. Name of judge that handled the case: Honorable Judge Getty

6. Disposition (won, dismissed, still pending, on appeal):
Dismissed Without Prejudice

7. Date of Disposition: Dec. 4, 2019

II. Administrative Proceedings

A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES NO

1. If you answered YES:

a. What was the result? Deemed Meritorious with no results & had to further process

b. Did you appeal? _____

YES NO

2. If you answered NO to either of the questions above, explain why: _____

III. Statement of Claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

On May 5, 2018, after incident and injury occurred
I seen Stacie Mast and addressed my hand being red
& swollen, as well as my eyes burning from Mace and
was offered no Medical treatment. May 25, 2018, I seen
Krista Bilak for acute fracture and giving inadequate treatment
July 2018, Holly Pierce followed up, lied on injury, denied Meds,
and prolonged access of treatment. (see Exhibits)

IV. Relief

(State briefly what you want the Court to do for you.)

Grant, Punitive Damages in the amount of Seventy-five thousand dollars (\$75,000.00) from Wexford
and five thousand dollars (\$5,000.00) jointly from
other defendants; Grant, Compensatory Damages in the amount
of five thousand dollars (\$5,000.00), jointly from the defendants;
Grant any and all fees & costs associated with the filing of this
Complaint; Grant, any other such relief deemed just & equitable.

SIGNED THIS 10 day of February, 2021.

Wilbert Johnson #562071
Signature of Plaintiff #3100172

Wilbert Johnson #562071
Printed Name #3100172

DRCF

2020 Toulson Rd., Jessup, MD. 20794
Address

Telephone Number

Email Address

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2020 Toulson Rd.

Jessup, MD 20794

(Full name, date of birth, identification #, address of petitioner)

Plaintiff,

v.

Stacie Mast, Holly Pierce, NP

*

Case No.:

(Leave blank. To be filled in by Court.)

Krista Bilak, RNP; 14100 McMullen Hwy.,
S.W., Cumberland, MD. 21502;

Wexford Health Services, 501
Holiday Dr., Foster Plaza Four,
Pittsburgh, PA 15220

*

(Full name and address of defendant)

Defendant(s).

CERTIFICATE OF SERVICE

I hereby certify that on February, 10th, 2021,
a copy of PPD My (6) Month institutional account & Summary of evidence
was mailed via first class mail, postage prepaid, to the Clerk of Court
for the U.S. District Court of Baltimore MD.

#562071

#3100172

Wilbert Johnson

Signature of Plaintiff

#562071

#3100172

Wilbert Johnson

Printed Name

DRCF

2020 Toulson Rd; Jessup, MD 20794

Address

Telephone Number

Email Address